

# CERTIFICATION OF HAZARDOUS DUTY SERVICE



**VIRGINIA RETIREMENT SYSTEM**  
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Phone 888-827-3847  
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1. Social Security Number
2. Date

Complete this form for employees who become employed in a position from which they can retire under the Virginia Law Officers' Retirement System (VaLORS), the State Police Officers' Retirement System (SPORS) or VRS with enhanced benefits for hazardous duty positions. This form is used to certify service eligible for the hazardous duty supplement.

Include employment prior to October 1, 1999, in the following positions:

- Police Officer in the Capitol Police Force (§ 30-34.2:1)
- Police Officer on campus at an institution of higher education (§ 23.1-809)
- Conservation Police Officer in the Department of Wildlife Resources (§ 29.1-200)
- Special Agent for the Virginia Alcoholic Beverage Control Authority (§ 4.1-100)
- Marine Resource Law Enforcement Officer (§ 9.1-101)
- Correctional Officer (§ 53.1-1), including correctional officers employed at a juvenile correction facility (§ 66-25.3)
- Parole Officer (§ 53.1-143)
- Commercial Vehicle Enforcement Officer employed by the Department of State Police

Include employment on or after July 1, 2025, in the following positions:

- Firefighter in the Department of Military Affairs
- Conservation Officer in the Department of Conservation and Recreation (§ 10.1-115)

Include any employment as an employee of a VRS-participating political subdivision employed in one of the following positions:

- Police Officer (law-enforcement position comparably hazardous to that of a state police officer including any sworn law enforcement officer who has the duty and obligation to enforce the penal and traffic laws of the Commonwealth as directed by a superior officer)
- Full-time salaried Fire Chief, Firefighter or full-time salaried Emergency Medical Technician (EMT)
- Regional Jail Superintendent or Jailer for a regional jail farm, regional jail or jail authority
- Sheriff or Deputy Sheriff



3. Social Security Number

**EMPLOYER HUMAN RESOURCES CERTIFICATION**

**Member Name** (First, Middle Initial, Last)

**Certification:** I understand that any willful falsification of facts presented may result in prosecution as provided by law. I certify this VRS member worked in a hazardous duty position during the following time period(s):

VRS Job Name (as indicated above) *	From (mm/yyyy)	Through (mm/yyyy)	Mos in Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if (i) the member was employed in a Deputy Sheriff position and (ii) in accordance with Va. Code § 15.2-1609.1, the position is (a) authorized and classified by the Virginia Compensation Board as a Deputy Sheriff or (b) a law-enforcement Deputy Sheriff that has been fully funded by the employing locality.

\_\_\_\_\_ Total Haz Months Certified: \_\_\_\_\_  
Authorized Signer (Printed Name)

\_\_\_\_\_ Authorized Signer's Title  
Authorized Signature

\_\_\_\_\_ Employer Code Where Service Rendered  
Employer Name

\* VRS job name in myVRS Navigator will be updated by VRS if necessary.